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CLAIMS

- Method for identifying a subject at risk of
 developing hypertensive end organ damage, comprising:
 - (a) obtaining a biological sample of said subject;
 - (b) determining the level of at least one non-myocytical marker in said sample;
- (c) comparing the level of said marker to a standard 10 level; and
 - (d) determining whether the level of the marker is indicative of a risk for developing hypertensive end organ damage.
- Method as claimed in claim 1, wherein the
 biological sample is a plasma sample derived from peripheral blood.
 - 3. Method as claimed in claim 1 or 2, wherein the non-myocytical marker is a protein.
- 4. Method as claimed in claim 3, wherein the non-20 myocytical marker is galectin-3.
 - 5. Method as claimed in claim 3, wherein the non-myocytical marker is thrombospondin-2.
 - 6. Method as claimed in any of the claims 1-5, wherein the level of the marker is measured by an enzymelinked immunosorbent assay (ELISA).

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- 7. Use of one or more non-myocytal markers for identifying a subject at risk of developing congestive heart failure.
- Use as claimed in claim 7, wherein the marker is a
 protein.
 - 9. Use as claimed in claim 8, wherein the protein is galectin-3.
 - 10. Use as claimed in claim 8, wherein the protein is

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thrombospondin-2.

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11. Use of galectin-3 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.

12. Use of thrombospondin-2 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.